

Case Number:	CM13-0026557		
Date Assigned:	11/22/2013	Date of Injury:	08/30/2010
Decision Date:	05/08/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, has a subspecialty in Pain Management, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Physician Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28 yr old male claimant sustained an injury on 8/30/10 resulting in thoracic and scapular strain. There are no clinical notes from 2011. The prior reviewer report noted that a medical report on 8/1/11 the claimant had lumbar pain, and a positive straight leg raise finding. An MRI from 3/25/11 indicated an annular tear of the L4-L5 region and a central bulge. A request was made for 6 sessions of shock wave therapy for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SHOCKWAVE THERAPY X 6 SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation INTERQUAL GUIDELINES.

Decision rationale: During Shockwave therapy (ESWT), a high-intensity sound wave interacts with the tissues of the body. This leads to a cascade of beneficial effects such as neovascularization in growth, reversal of chronic inflammation, stimulation of collagen and dissolution of calcium build-up. The MTUS, ODG and ACOEM guidelines do not comment on shockwave therapy. According to the Interqual guidelines: ESWT is an alternative to surgery for

patients with: 1. chronic plantar faciitis of 6 months who failed conservative treatment. 2. chronic epicondylitis for 6 moths who failed conservative treatment 3. chronic rotator cuff tendonitis for 6 months that failed conservative treatment. It is experimental for achilles tendonopathy, delayed unions, erectile dysfunction, low back pain, non-unions, osteonecrosis of the femoral head, patellar tendonopathy, Peyronie's disease, stress fractures, and wound healing Based on the criteria above, shock wave therapy is not medically necessary for back pain.